



REQUEST FOR PROFESSIONAL DEVELOPMENT HOURS

For consideration, submit request to SDE Driver Education Division 30 days prior to workshop/course:

(Refer to Idaho Standards for Public Schools Driver Education and Training, 11/12/04, Section 3.5 Professional Development, Pg. 8)

(Refer to Idaho Standards for Commercial Driving Schools, 3/10/05, Section 7.5 Professional Development, Pg. 7)

USE TAB KEY TO ENTER REQUIRED INFORMATION

Name:

Address:

City, Zip:

Phone:

Name of sponsoring state agency, accredited college or university or other professional education association:

Date(s) of Workshop or Course:

Provide Written Description of Workshop or Course OR Attach Supporting Documentation

Professional Development Hours Requested:

Agenda Attached:

State Department of Education

Driver Education Division

PO Box 83720

Boise, Idaho 83720-0027

Fax: (208) 334-3484

Email: kdglenn@sde.state.id.us

Shaded Area Below is for State Department of Education Use Only

Hours of Professional Development are aproved for the above named individual

Driver Education Specialist Signature

Date